Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13202

0 - FRONT

CFSAN

For VOLUNTARY reporting by health professionals of adverse events and product problems

Form Approved- OMB No 0910-0291 Expires 12/31/96
See OMB statement on reverse

FDA use only
Triage unit sequence # 93064
13202

Page 1 CFSAN

A. Patient information

1. Patient Identifier	2. Age at time of event: 22 or ____ Date of birth:	3. Sex	4. Weight
[redacted] In confidence		☒ female ☐ male	unk lbs or ____ kgs

B. Adverse event or product problem

1. ☒ Adverse event and/or ☐ Product problem (e g , defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
- ☐ death ____ (mo/day/yr)
- ☐ life-threatening
- ☒ hospitalization
- ☐ disability
- ☐ congenital anomaly
- ☐ required intervention to prevent permanent impairment/damage
- ☐ other ____

3. Date of event (mo/day/yr): 11/17/98

4. Date of this report (mo/day/yr): 11/20/98

5 Describe event or problem

Pt started on product about one month ago and took it for about 2 to 3 weeks before presenting to regular MD with complaints of extreme thirst, increased urination (waking up every hour at night also), and urine becoming more diluted - more clear Primary MD did regular workup. BUN and creatinine elevated at 44 and 4.9. Product stopped. Returned to MD on 11/16 with same complaints but increased frequency. Admitted on 11/17/98. See more labs below. Apparent new onset acute real failure. Pt is not volume depleted. Faced with nephrogenic diabetes insipidus - increased thirst, polydipsia, polyuria - with acute renal failure Need to distinguish centrally caused or nephrogenic cause. Pt had no previous history of any renal abnormalities at all

Product labeled "Fast absorption capsules". Contains other ingredients than the following (such as vitamins), but these were the major ones: St Johns Wort - 300 mg, Chrome mate (trademark of [redacted]) 125 mcg; and 965 mg special mixture of sidacordifolia flower (reporter states learned comes from either Kenya or Taiwan from his research), licorice root powder, ginger, cayenne, mustard seed powder, and biosperine - from the Sabinsa Corp.) Serving size is 3 capsules

6 Relevant tests/laboratory data, including dates

Ultrasound was done by primary MD and nothing found Kidneys nl and no obstructions. On day of admission, repeated BUN and creatinine & about the same at 36 and 4.4. Sodium of 146 Two urinalysis tests done on 11/17. Remarkable for specific gravity of 1.005. No casts. The second was done after a dose of intranasally administered desmopressin to get a more concentrated urine. Spec gravity again 1.005 11/18/98 - Serum osmolality of 309 and random urine osmolality of 250.

7 Other relevant history, including preexisting medical conditions (e g , allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc)

White female. NKDA. Non-smoker. Social drinker; 2-3 beers 2x/week; no illicit drug use. No pre-existing conditions. Has 1 child - experienced some pre-eclampsia during that pregnancy about 2 years ago.

C. Suspect medication(s)

1 Name (give labeled strength & mfr/labeler, if known)
#1 Phensafe Mfg by Applied Nutrition
#2 PO Box 66490, Los Angeles, CA 90066

2 Dose, frequency & route used
#1 3 caps TID
#2

3 Therapy dates (if unknown, give duration) from/to (or best estimate)
#1 2 - 3 weeks
#2

4 Diagnosis for use (indication)
#1 weight loss
#2

5 Event abated after use stopped or dose reduced
#1 ☐ yes ☒ no ☐ doesn't apply
#2 ☐ yes ☐ no ☐ doesn't apply

6 Lot # (if known)
#1 269B ?
#2

7 Exp. date (if known)
#1
#2

8 Event reappeared after reintroduction
#1 ☐ yes ☐ no ☒ doesn't apply
#2 ☐ yes ☐ no ☐ doesn't apply

9 NDC # (for product problems only)
– –

10 Concomitant medical products and therapy dates (exclude treatment of event)
Triphasil. Advil 200mg TID, about the same time, but not large amount to cause renal failure

D. Suspect medical device

1 Brand name

2 Type of Device

3 Manufacturer name & address

4 Operator of device
- ☐ health professional
- ☐ lay user/patient
- ☐ other

5 Expiration Date (mo/day/yr)

6
model #
catalog #
serial #
lot #
other #

7 If implanted, give date (mo/day/yr)

8. If explanted, give date (mo/day/yr)

9 Device available for evaluation? (Do not send to FDA)
☐ yes ☐ no ☐ returned to manufacturer on ____ (mo/day/yr)

10 Concomitant medical products and therapy dates (exclude treatment of event)

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MEDWATCH CTU

E. Reporter (see confidentiality section on back)

1 Name & Address [redacted] phone # [redacted]

2 Health professional? ☒ yes ☐ no

3 Occupation: Physician

4. Also reported to
- ☐ manufacturer
- ☐ user facility
- ☐ distributor

5 If you do NOT want your identity disclosed to the manufacturer, place an " X " in this box. ☐

FDA

Mail to MEDWATCH 5600 Fishers Lane Rockville, MD 20852-9787 or FAX to. 1-800-FDA-0178

FDA Form 3500 (1/96) Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the event

Taken By Telephone

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CTU 93064

Adverse Event Questionnaire

Complaint Number: 13202 **Investigator:** John Hollings/CSO

Consumer Information

Date of Report: 11/20/98 MM/DD/YY

Initial Report Source: ☐ORA Consumer Injury ☐Telephone ☐Correspondence ☐MedWatch ☐USP ☐PQRS ☐Poison Control ☐CDC

Name: [redacted]

Gender: ☒F ☐M

Age: 22

Race: ☒1-White ☐2-Black ☐3-Asian/Pacific Islander ☐4-Native American ☐5-Hispanic ☐8-Other_____ ☐9-Unknown

Information on Adverse Event

Date of Adverse Event: 11/17/98

Previous Adverse Effects to Product Type: ☐Yes ☐No N/A

Give the site of consumption/ingestion (e.g. home, restaurant, office): HOME

The following information relates to the consumers' use of the product.

Describe the adverse event (including symptoms and the time lapse from using product to onset of symptoms): Thrist immediately, increased urination, abdominal/back pain after 3 weeks of using product

How long did the symptoms last? >4 weeks, still has thrist

Give the circumstances of exposure (i.e. how much was taken, how was the product taken, how often was it taken, etc.). 3 caps/3x daily with glass water at meal time

List all Medication(s), Dietary Supplement(s), Food(s), and other product(s) used at the time of the event: Triphasil None Typical Meals (see Memo)

Did event abate after use of suspected product stopped or dose reduced: ☒Yes ☐No ☐Unknown after 4 weeks

Did symptoms reoccur after reintroduction of suspected product: ☐Yes ☐No ☐Unknown ☒Not Applicable

Did symptoms reoccur after using other products with the same ingredients: ☐Yes ☐No ☐Unknown ☒Not Applicable

Medical Information

Was a health care provider seen?: ☒Yes ☐No [redacted]

Give health care provider's name, address and telephone number: [redacted]

Occupation of Health Care Provider: ☒MD ☐Osteopath ☐Naturopath ☐Nurse ☐Pharmacist ☒Other (specify) [redacted]

What medical tests were performed and what were the results? Blood + Urine, Ultra Sound Xray

What was the medical diagnosis? Acute Renal Failure

What treatment(s) was given (e.g., drugs, other)? See medical records

Were there any preexisting condition(s)/treatment(s)? No renal distress History of Abd. pain Ovarian Cyst

(If YES, list them including allergies, and chronic diseases): ☒Yes ☐No

Product Category

1. Adverse event attributed to:
   ☐**Medical Food** (under medical supervision) ☐**Infant Formula**
   ☒**Dietary Supplement** (a vitamin; an essential mineral; a protein; a herb or similar nutritional substances including botanicals such as ginseng and yohimbe; amino acids; extracts from animal glands; garlic extract; fish oils; oil of evening primrose; fibers such as psyllium and guar gum; compounds not generally recognized as food or nutrients, such as bioflavonoids, enzymes, germanium, nucleic acids, para-amino-benzoic acid, and rutin; and mixtures of these ingredients.)
   ☐**Other** (traditional food) _____

Other Product Problems

2. ☐Foreign Object
(specify): N/A

3. ☐Other (specify):
N/A

Information on Suspected/Alleged Product

Give the product name and manufacturer as listed on the label (including the recommended dosage/serving size, recommended duration of use, and indications for use as listed on the label):
PhenSafe Mfd by Applied Nutrition, PO Box 66490, Los Angeles, CA 90066
3 Capsules / 3 x daily

List product ingredients (if ingredients are suspected to be present, but not verified, list as suspected):
☐Check here if ingredients are unknown
St. John's Wort, Chromemate, Special Mixture please see attached labeling

If a particular ingredient is suspected of contributing to the adverse event, please indicate the appropriate category below:

☐Aspartame ☐Color Additive (please specify) _____
☐Monosodium Glutamate
☐Sulfite
☐Other_____
☐Unknown

Is the product label available, if yes submit a quality copy along with this questionnaire: ☒Yes ☐No
☐Unknown Product Sample Available: ☐Yes ☐No ☐Unknown

Outcome Attributed to Adverse Event:
(If yes, include pertinent medical records)

Death: ☐Yes ☒No

Life-Threatening: ☐Yes ☒No

Hospitalization: ☒Yes ☐No (if YES, indicate if initial or prolonged) 11/8/98 ER 11/17-18/98 Admission

Required intervention to prevent permanent impairment/damage: ☐Yes ☒No none reported on Medwatch report

Did the adverse event result in a congenital anomaly: ☐Yes ☒No

Notes on Telephone Conversation
Clinical Research and Review Staff

13202

Date	12/23/98	Phone No.	[redacted]
Name	DR [redacted]	Fax No.	
Affliation	[redacted]		
Address			
FDA Representatives	DR. SHAH NAWAZ		
Question/Subject	Call to get information (name, address, phone) of the patient in this report.		

Discussion	Following information is provided

Name & [redacted]

Address & [redacted]

PHONE & [redacted]

Follow up	

000004

Signed: Shah Nawaz

Date: 12/23/98

Rec'd 2/11/99
DOEP

DEPARTMENT OF HEALTH & HUMAN SERVICES
Food and Drug Administration
New England District

Food and Drug Administration
[redacted]

DATE: 2/8/99
TO: Bridgette Wallace/ CFSAN ARMS Monitor
FROM: John A. Hollings/CSO
THRU: Willis Cobb/SI
SUBJ: Project #13202, Phensafe F/U

Follow up of MedWatch report #13202, assignment memo dated 1/7/99, received from Domestic Programs Branch, HFS-636, Division of Enforcement and Programs, was conducted by this office. The MedWatch report concerned an adverse event involving a diet supplement product, PhenSafe, manufactured by Applied Nutrition, PO Box 66490, Los Angles, CA 90066. The adverse event required hospitalization of the patient with a diagnosis of acute renal failure.

On 2/1/99, patient was visited at her domicile. Prior permission for patient contact was received from the reporting physician (contact MD was [redacted] per assignment instructions. Adverse Event Report Sheet, Exhibit 910 D was completed at this time and is attached. The patient also provided the outer product package and product insert for copying, this material was returned to the patient. Copies of the outer product package and product insert were previously faxed to you and are attached to this memo as Exhibit #3. According to the patient the product container with remaining product was brought to the hospital at the time of her 11/17/98 admission and given to Dr. [redacted] The product container was not returned to her. The patient also signed a 4-page affidavit, attached, and provided signed authorization for medical records disclosure. The patient was asked about her dietary intake at the time of the event. She stated that she would take the product with meals which she described as typical (cereal/milk for breakfast, soup/salad or sandwich for lunch, meat/veg/potato for dinner). The patient stated she could not give a detailed list of meals.

On 2/2/99 contact was made with the patient's primary physician and with the [redacted] Medical Records Dept. and visits were arranged.

On 2/4/99 the patient's primary physician, Dr. [redacted] office, [redacted] was visited and the patient's medical record was available for review and copying. A signed authorization for medical records disclosure, FD 461, was provided. Dr. [redacted] was not available for interview. Copies of medical records collected at Dr. [redacted] office are presented as Exhibit #1.

Pages 1 and 2 of Exhibit #1 are the physician notes of office visits dated 11/11, 16, and 11/23/98. Pages 3 – 13 are laboratory results for tests performed at the primary physician's office (urine

multistix), by an outside lab [redacted] or by [redacted] Page 14 is the physician notes for patient's office visit on 12/18/98. Pages 15 and 16 are the lab reports for samples collected at the 12/18 visit. According to the patient's file 12/18/98 was the last visit to the primary physician's office. On 2/5/98 a visit was made to [redacted] Medical Records, to review this patient's hospital file regarding the subject adverse event. A signed authorization for medical records disclosure, FD 461, was provided to medical records personnel. Medical records collected at [redacted] are presented as Exhibit #2. Pages 1 – 31 of Exhibit #2 are the pertinent records of the patient's 11/17-18/98 hospital admission. Page 1, the most recent entry, is a chart coding summary dated 11/29/98. I asked Medical Records personnel if a discharge summary for this visit was available. I was informed that hospital stays of 48 hours or less do not require a discharge summary. Pages 3 and 4 are the History and Physical Examination performed on 11/17/98. Pages 5 – 10 are medical notes dated 11/17,18/98. Pages 11 – 16 are Dr. [redacted] Nephrology consultation report. Pages 17 – 21 are laboratory reports including ultrasound and x-ray of the abdomen. Pages 22-31 are the History Screening Questionnaire/Physical Assessment/Patient Education record for the patient during the 11/17,18/98 hospital visit.

Pages 32 – 34 are records of the patient's 11/8/98 visit to the Hospital's emergency room for acute abdominal pain. According to the patient this was the first medical intervention associated with this event. The patient stated that at this time she thought she had food poisoning.

Also collected are records of 6 hospital visits between 8/13/97 and 8/22/98 in which the patient presented with abdominal pain apparently due to ovarian cyst condition, please see pages 35-49. These records were collected to document the patient's long term history of abdominal pain.

Dr. [redacted] was interviewed briefly on 2/5/98. He did not see the patient but was referred to me by Dr. [redacted] as the department contact person. Dr. [redacted] stated that he would try to locate the product container and fax me a copy of its labeling. Dr. [redacted] was thanked for his time.

John A. Hollings/CSO
NWE-DO/HTFD RP

Attachments
FD 461, Authorization for Medical Records Disclosure
Patient Affidavit, 2/1/99
Adverse Event Questionnaire, Exhibit 910-D

Exhibits
1. Medical records collected from primary physician
2. Medical records collected from [redacted]
3. Copy of outer product package labeling and product insert

O: NWE CF
CC: CFSAN ARMS Monitor (HFS-636), HTFD, W.Cobb (memo only)

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& REVIEW/CSN HFS-151